(if applicable).

Approved for use through 10/31/2002. OMB 0651-0032 rademark Office; U.S. DEPARTMENT OF COMMERCE

as United States Application Number or PCT International

| er the Paperwelk Reduction   | Act of 1995, no persons are required to | o respond to a collection of informa | ation unles | s it contains a valid OMB control number. |  |  |  |  |
|--|---|--------------------------------------|-------------|---|--|--|--|--|
|  | -                                       | Attorn y Docket Num                  | 1           | 6160-1P59B                                |  |  |  |  |
|  | N FOR UTILITY OR                        | First Named Inventor                 |             | Robert W. Balliett                        |  |  |  |  |
|  | ESIGN<br>APPLICATION                    | COMPLETE IF KNOWN                    |             |   |  |  |  |  |
| (37 C  | FR 1.63)                                | Application Number 09/8              |             | 52,207                                    |  |  |  |  |
| ☐Declaration Submitted OR  | 図Declaration Submitted after Initial    | Filing Date                          | May 9       | 9, 2001                                   |  |  |  |  |
| With Initial   | Filing (surcharge                       | Group Art Unit                       | 1754        |   |  |  |  |  |
| Filing   | (37 CFR 1.16 (e)) required)             | Examiner Name ;                      |             |   |  |  |  |  |
|  |   |                                      | <u></u>     |   |  |  |  |  |
| As a below named inventor, I hereby declare that:  |   |                                      |             |   |  |  |  |  |
| Wy residence, post of  | ffice address, and citizenship          | are as stated below next t           | o my na     | me.                                       |  |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: |   |                                      |             |   |  |  |  |  |
| PRODUCTION OF PURE MOLYBDENUM OXIDE FROM LOW GRADE MOLYBDENITE CONCENTRATES  |   |                                      |             |   |  |  |  |  |
| the specification of wh  | ich (Title of t                         | the Invention)                       |             |   |  |  |  |  |
| is attached hereto   | •                                       |                                      |             |   |  |  |  |  |

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

and was amended on (MM/DD/YYYY)

Lacknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application |   | Foreign Filing Date  | Priority    | Certified Copy Attached? |    |  |
|---------------------------|---|----------------------|-------------|--------------------------|----|--|
| Number(s) Country         |   | (MM/DD/YYYY) Country | Not Claimed | YES                      | ио |  |
|                           |   |                      |             |                          |    |  |
|                           |   |                      |             |                          |    |  |
|                           |   |                      |             |                          |    |  |
|                           | • |                      |             |                          |    |  |
|                           |   |                      |             |                          |    |  |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

05/09/2001

09/852,207

was filed on (MM/DD/YYYY)

Application Number

Filing Date (MM/DD/YYYY) ApplicationNumber(s) Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 065H-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

| Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☐ Correspondance address below   |                |          |              |      |                               |               |             | orrespondance address below |  |
|---|----------------|----------|--------------|------|-------------------------------|---------------|-------------|-----------------------------|--|
| Name  |                |          |              |      |                               |               |             |                             |  |
| Address   |                |          |              |      |                               |               |             |                             |  |
| Address   | #:             |          |              |      |                               |               |             |                             |  |
| City  | State ZIP      |          |              |      |                               |               |             |                             |  |
| Country   |                | Telepi   | hone         |      |                               |               |             | Fax                         |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                |          |              |      |                               |               |             |                             |  |
| NAME OF SOLE OR FIRST   | INVENT         | OR:      | -            |      | ☐ A petition has be           | en filed for  | r this      | unsigned inventor           |  |
| Given Name Robert W. Family Name Balliett or Surname  |                |          |              |      |                               |               |             |                             |  |
| Inventor's Signature Date   |                |          |              |      |                               |               |             |                             |  |
| Residence: City   |                | Sta      | ite          |      | Country                       |               | Citizenship |                             |  |
| Westborough   |                | MA       | <b>.</b>     |      | USA US                        |               |             | S                           |  |
|   | /iill Roa      | d        |              |      |                               |               |             |                             |  |
| Mailing Address   |                |          |              |      |                               |               |             |                             |  |
| City  | State          |          |              | ZIF  | •                             | Country       |             |                             |  |
| Westborough   | MA             |          |              | 01   | 581                           | USA           |             |                             |  |
| NAME OF SECOND INVEN  | ror:           |          |              |      | ☐ A petition has bee          | n filed for t | his u       | nsigned inventor            |  |
| Given<br>Name Wolfgang  |                |          |              |      | Family Name Kum<br>or Surname |               |             |                             |  |
| Inventor's<br>Signature   |                |          |              |      | Date                          |               |             |                             |  |
| Residence: City   |                |          | State        |      | Country                       |               |             | Citizenship                 |  |
|   | Germany German |          |              |      |                               |               |             |                             |  |
| Mailing Address c/o H.C   | C. Starc       | k GmbH   | l & Co. KG.  |      |                               |               |             |                             |  |
| Mailing Address Im Sch  | ileeke 7       | 8-91     |              |      |                               |               |             | •                           |  |
| City  | State          |          |              |      | ZIP                           |               | Co          | ountry                      |  |
| Goslar  |                |          |              |      |                               |               | Ge          | ermany                      |  |
| Additional inventors are  | hoina na       | med or t | ha 2 sunnlam | ente | Additional Inventor(s)        | sheet(s) PTC  | )/SB/0      | 2A attached hereto          |  |

Please type a plus sign (+) inside this box ⇒ +

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

#### **ADDITIONAL INVENTOR(S)** Supplemental Sh et Page <u>1</u> of <u>2</u>

| Name of Additional Joint Inventor, if any:            | ☐ A petition has been filed for this unsigned inventor |                    |            |                |                            |  |  |  |
|---|--|--------------------|------------|----------------|----------------------------|--|--|--|
| Given Name John E.                                    |  | Family I<br>or Sum |            | Litz           |                            |  |  |  |
| Inventor's<br>Signature                               |  |                    |            | 5              | Date                       |  |  |  |
| Residence: City Golden                                | State  | Cou                | ntry       | JSA            | US<br>Citizenship          |  |  |  |
| Mailing Address 11010 West 29th S                     | reet   |                    |            |                |                            |  |  |  |
| Mailing Address                                       |  |                    |            |                |                            |  |  |  |
| City Goldon   | _State   | ZIP                | 8040       | 1              | USA                        |  |  |  |
| Name of Additional Joint Inventor, if any:            |  |                    | A petition | has been filed | for this unsigned inventor |  |  |  |
| Given Name Lawrence F.  Family Name or Surname McHugh |  |                    |            |                |                            |  |  |  |
| Inventor's Signature                                  | AL   |                    |            |                | Date                       |  |  |  |
| Residence: City Wellesley                             | State MA   | Cou                | ntry       | JSA            | Citizenship US             |  |  |  |
| Mailing Address 23 Wedgewood Ro                       | ad   |                    |            |                |                            |  |  |  |
| Mailing Address                                       |  |                    |            |                |                            |  |  |  |
| City Wellesley  | State MA   | Zip                | 0248       | 1              | Country USA                |  |  |  |
| Name of Additional Joint Inventor, if any:            |  |                    | A petition | has been filed | for this unsigned inventor |  |  |  |
| Given Name Harry H.K.  Family Name or Surname Nauta   |  |                    |            |                |                            |  |  |  |
| Inventor's<br>Signature                               |  |                    |            | 1              | Date                       |  |  |  |
| Residence: City TG Brielle                            | State  | Cou                | ntry       | Netherlands    | Citizenship Netherlands    |  |  |  |
| Mailing Address Hoogaars 76                           |  |                    |            |                |                            |  |  |  |
| Mailing Address                                       |  |                    |            |                |                            |  |  |  |
| City TG Brielle                                       | State  |                    | Zip        | 3232           | Country Netherlands        |  |  |  |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Solution Act of 1,995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Under the Paperwork

#### **DECLARATION**

TRADEN

**ADDITIONAL INVENTOR(S)** Supplem ntal Sheet Page 2 of 2

| Name of Additional Joint Inv | ventor, if any:   | any: A petition has been filed for this unsigned inventor |                                       |                          |                    |             |
|------------------------------|-------------------|---|---------------------------------------|--------------------------|--------------------|-------------|
| Given Name Paul B.           |                   |   | Family Nor Suma                       |                          |                    |             |
| Inventor's<br>Signature      |                   |   |                                       |                          | Date               |             |
| Residence: City Gold         | lden S            | CO  | Cour                                  | USA<br>ntry              | Citizens           | US<br>ship  |
| Mailing Address 195          | 54 Mt. Zion Drive |   | · · · · · · · · · · · · · · · · · · · |                          |                    |             |
| Mailing Address              |                   |   |                                       |                          |                    |             |
| City Golden                  | s                 | CO<br>state   | ZIP                                   | 80401                    | Country            | JSA         |
| Name of Additional Joint In  | nventor, if any:  | -   |                                       | A petition has been file | ed for this unsign | ed inventor |
| Given Name Rong-Chien        |                   |   | Family I<br>or Sum                    |                          |                    |             |
| Inventor's<br>Signature      |                   |   |                                       |                          | Date               | •           |
| Residence: City Che          | elmsford s        | State MA  | Cou                                   | ntry USA                 | Citizens           | ship US     |
| Mailing Address 3 R          | Rosemary Lane     |   |                                       |                          |                    |             |
| Mailing Address              |                   |   |                                       |                          |                    |             |
| City Che                     | elmsford St       | ate MA  | Zip                                   | 01824                    | Country            | JSA         |
| Name of Additional Joint In  | nventor, if any:  |   |                                       | A petition has been file | ed for this unsign | ed inventor |
| Given Name                   |                   |   | Family Na<br>or Surnam                |                          |                    | ed inventor |
| Inventor's<br>Signature      |                   |   |                                       |                          | Date               | C           |
| Residence: City              |                   | State   | Cou                                   | ntry                     | Citizensh          | nip /       |
| Mailing Address              |                   |   | ·                                     | ·                        |                    |             |
| Mailing Address              | ·                 | T   |                                       |                          | T                  |             |
| City                         |                   | State   |                                       | Zip                      | Country            |             |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Reduction Act of 1995 Ao persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN

PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted With Initial

Filing

Under the Pape

**⊠**Declaration

Submitted after Initial OR Filing (surcharge (37 CFR 1.16 (e)) required)

| Att rney Docket Num  | ber         | 6160-1P59B         |  |  |  |
|----------------------|-------------|--------------------|--|--|--|
| First Named Inventor |             | Robert W. Balliett |  |  |  |
| co                   | )MPL        | ETE IF KNOWN       |  |  |  |
| Application Number   | 09/852,207  |                    |  |  |  |
| Filing Date          | May 9, 2001 |                    |  |  |  |
| Group Art Unit       | 175         | 4                  |  |  |  |
| Examiner Name        |             |                    |  |  |  |

| ,g   | requi                       |  | Examiner Name   |   |                                      |                    | in. |  |  |  |
|--|-----------------------------|--|---|---|--------------------------------------|--------------------|-----|--|--|--|
|  |                             |  |   |   |                                      |                    | 2   |  |  |  |
| As a below named   | 1°Ca                        |  |   |   |                                      |                    |     |  |  |  |
| My residence, post   | 1.00                        |  |   |   |                                      |                    |     |  |  |  |
| I believe I am the origin<br>are listed below) of the  | 300                         |  |   |   |                                      |                    |     |  |  |  |
| As a below named inventor, I hereby declare that:  My residence, post office address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural name is listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  PRODUCTION OF PURE MOLYBDENUM OXIDE FROM LOW GRADE  MOLYBDENITE CONCENTRATES |                             |  |   |   |                                      |                    |     |  |  |  |
| the specification of w   | nich                        | (Title of the  | e Invention)  |   |                                      |                    |     |  |  |  |
| is attached here   | 0                           |  |   |   |                                      |                    |     |  |  |  |
| OR   |                             |  |   |   |                                      |                    |     |  |  |  |
| ₩ was filed on (Mi   | I/DD/YYYY)                  | 05/09/2001   | as United States A  | Application Number or   | PCT Internationa                     | ı İ                |     |  |  |  |
| Application Number   | 09/                         | 852,207 and  | was amended on (MM/DD/  | YYYY)   | (il                                  | fapplicable).      |     |  |  |  |
| I hereby state that I have specifically referred to ab   | reviewed an<br>ove.         | d understand the conter  | nts of the above identified s   | pecification, including   | the claims as am                     | ended              |     |  |  |  |
| I acknowledge the duty to<br>applications, material info<br>international filing date of   | rmation which               | ch became available bet  | ial to patentability as define<br>ween the filing date of the   | ed in 37 CFR 1.56, inc<br>prior application and t   | duding for continuate national or PC | ation-in-part<br>T |     |  |  |  |
| or 365(a) of any PCT into<br>and have also identified  | mational ap<br>below, by ch | oplication which designated the signature of the policy of the box, any form the box is any form of the signature of the sign | a)-(d) or 365(b) of any foreited at least one country of<br>eign application for patent<br>n which priority is claimed. | her than the United S   | itates of America.                   | listed below       |     |  |  |  |
| Prior Foreign Applicati  |                             |  | Foreign Filing Date   | Priority  | Certified Copy                       | Attached?          |     |  |  |  |
| Number(s)  |                             | Country  | (州州/DD/YYYY) Country  | Not Claimed   | YES                                  | МО                 |     |  |  |  |
|  |                             |  |   |   |                                      |                    |     |  |  |  |
|  |                             |  |   |   |                                      |                    |     |  |  |  |
|  |                             |  |   |   |                                      |                    |     |  |  |  |
|  |                             |  |   |   |                                      |                    |     |  |  |  |
| ☐ Additional foreign app   |                             |  |   |   |                                      |                    |     |  |  |  |
| I hereby claim the benefi  | under 35 U                  | S.C. 119(e) of any Unite   | ed States provisional applic  | ation(s) listed below.  |                                      |                    |     |  |  |  |
| ApplicationNum   |                             | 1  | VIM/DD/YYYY)  |   |                                      |                    |     |  |  |  |
|  |                             |  |   | Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |                                      |                    |     |  |  |  |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## **DECLARATION** — Utility or Design Patent Application

| Direct all correspondence to:   |           |                           | 26486 | OR                             | □ c           | orrespondance address below |                     |  |
|---|-----------|---------------------------|-------|--------------------------------|---------------|-----------------------------|---------------------|--|
| Name  |           |                           |       |                                |               |                             |                     |  |
| Address   |           |                           |       |                                |               |                             |                     |  |
| Address   |           |                           |       |                                |               |                             |                     |  |
| City  |           |                           |       |                                |               |                             |                     |  |
| Country   | -         | Telephone                 |       |                                |               |                             | Fax                 |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |           |                           |       |                                |               |                             |                     |  |
| NAME OF SOLE OR FIRST II  | VENTO     | R:                        |       | ☐ A petition has be            | en filed for  | this                        | unsigned inventor   |  |
| Given Name Robert W.  Family Name Balliett or Surname   |           |                           |       |                                |               |                             |                     |  |
| Inventor's Signature  |           |                           |       |                                |               |                             |                     |  |
| Residence: City   |           | State                     |       | Country                        |               |                             | Citizenship         |  |
| Westborough   |           | MA                        |       | USA                            | USA US        |                             |                     |  |
| Mailing Address 57 M  | ill Road  |                           |       |                                |               |                             |                     |  |
| Mailing Address   |           |                           |       |                                |               |                             |                     |  |
| City  | State     |                           | ZI    | P                              | Country       |                             |                     |  |
| Westborough   | MA        |                           | 01    | 1581                           | USA           |                             |                     |  |
| NAME OF SECOND INVENT   | OR:       |                           |       | ☐ A petition has bee           | n filed for t | his u                       | nsigned inventor    |  |
| Given<br>Name Wolfgang  |           |                           |       | Family Name Kurr<br>or Surname | imer          |                             |                     |  |
| Inventor's<br>Signature   |           |                           |       | Date                           |               |                             |                     |  |
| Residence: City State   |           |                           |       | Country                        |               |                             | Citizenship         |  |
|   |           |                           |       | Germany                        |               |                             | German              |  |
| Mailing Address c/o H.C.  | Starck C  | GmbH & Co. KG             | i     |                                |               |                             |                     |  |
| Mailing Address Im Schl   | eeke 78-  | 91                        |       |                                |               |                             |                     |  |
| City  | State     |                           |       | ZIP                            |               | Co                          | ountry              |  |
| Goslar  |           |                           |       | <u> </u>                       |               | Ge                          | ermany              |  |
| Additional inventors are be   | eing name | ed on the <u>2</u> supple | menta | al Additional Inventor(s) s    | heet(s) PTO   | /SB/0                       | 2A attached hereto. |  |

Please type a plus sign (+) inside this box

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### DECLARATION

**ADDITIONAL INVENTOR(S)** Supplem ntal Sheet Page <u>1</u> of <u>2</u>

| Name of Additional Joint Inventor, if any:            | any: A petition has been filed for this unsigned inventor |                                |                                  |  |  |  |  |  |
|---|---|--------------------------------|----------------------------------|--|--|--|--|--|
| Given Name John E.                                    |   | Family Name<br>or Surname Litz |                                  |  |  |  |  |  |
| Inventor's<br>Signature                               |   |                                | Date                             |  |  |  |  |  |
| Residence: City Golden                                | CO<br>State   | USA                            | US<br>Citizenship                |  |  |  |  |  |
| Mailing Address 11010 West 29th S                     | treet   |                                |                                  |  |  |  |  |  |
| Mailing Address                                       |   |                                |                                  |  |  |  |  |  |
| City Goldon   | _State  | 80401<br>ZIP                   | USA<br>Country                   |  |  |  |  |  |
| Name of Additional Joint Inventor, if any:            |   | ☐ A petition has been          | filed for this unsigned inventor |  |  |  |  |  |
| Given Name Lawrence F.  Family Name or Surname McHugh |   |                                |                                  |  |  |  |  |  |
| Inventor's<br>Signature                               |   |                                | Date                             |  |  |  |  |  |
| Residence: City Wellesley                             | State MA  | Country USA                    | Citizenship US                   |  |  |  |  |  |
| Mailing Address 23 Wedgewood Ro                       | ad  |                                |                                  |  |  |  |  |  |
| Mailing Address                                       |   |                                |                                  |  |  |  |  |  |
| City Wellesley  | State MA  | Zip 02481                      | Country USA                      |  |  |  |  |  |
| Name of Additional Joint Inventor, if any:            |   | ☐ A petition has been          | filed for this unsigned inventor |  |  |  |  |  |
| Given Name Harry H.K. Family Name or Surname Nauta    |   |                                |                                  |  |  |  |  |  |
| Inventor's<br>Signature                               |   |                                | Date 20 - 9 - 0/                 |  |  |  |  |  |
| Residence: City TG Brielle                            | State   | Country Netherla               | nds Citizenship Netherlands      |  |  |  |  |  |
| Mailing Address Hoogaars 76                           |   |                                |                                  |  |  |  |  |  |
| Mailing Address                                       |   |                                |                                  |  |  |  |  |  |
| City TG Brielle                                       | State   | Zip 3232                       | Country Netherlands              |  |  |  |  |  |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

| ,x → | + |
|------|---|
|------|---|

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

#### **DECLARATION**

# ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

| Name of Additional Joint Inventor, if           | any:  | ☐ A petition has been filed for this unsigned inventor |                       |                        |         |                       |  |
|---|-------|--|-----------------------|------------------------|---------|-----------------------|--|
| Given Name Paul B.                              |       |  | Family Na<br>or Suman |                        |         |                       |  |
| Inventor's<br>Signature                         |       |  |                       |                        | -       | Date                  |  |
| Residence: City Golden                          | State | со   | Countr                | USA<br>Y               |         | US<br>Citizenship     |  |
| Mailing Address 1954 Mt. Zion                   | Drive |  |                       |                        |         |                       |  |
| Mailing Address                                 |       |  |                       |                        |         |                       |  |
| City Golden                                     | State | со   | ZIP                   | 80401                  | Co      | USA<br>untry          |  |
| Name of Additional Joint Inventor, if           |       |  |                       |                        |         |                       |  |
| Given Name Rong-Chien Family Name or Surname Wu |       |  |                       |                        |         |                       |  |
| Inventor's<br>Signature                         |       |  |                       |                        |         | Date                  |  |
| Residence: City Chelmsford                      | State | МА   | Countr                | USA                    |         | Citizenship US        |  |
| Mailing Address 3 Rosemary L                    | ane   |  |                       |                        |         |                       |  |
| Mailing Address                                 |       |  |                       |                        |         |                       |  |
| City Chelmsford                                 | State | MA   | Zip                   | 01824                  | Cou     | untry USA             |  |
| Name of Additional Joint Inventor, if           | any:  |  | □Ap                   | etition has been filed | d for t | his unsigned inventor |  |
| Given Name or Surmame                           |       |  |                       |                        |         |                       |  |
| Inventor's Signature Date                       |       |  |                       |                        |         |                       |  |
| Residence: City                                 | State |  | Countr                |                        |         | Citizenship           |  |
| Mailing Address                                 |       |  |                       |                        |         |                       |  |
| Mailing Address                                 |       |  |                       |                        |         |                       |  |
| City  | State |  | Zi                    | р                      | Co      | ountry                |  |

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper of Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB

control number. control number.

### POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

| Application Number     | 09/852,207         |  |
|------------------------|--------------------|--|
| Filing Dat             | May 9, 2001        |  |
| First Nam d Invent r   | Robert W. Balliett |  |
| Group Art Unit         | 1754               |  |
| Examiner Name          | N/A                |  |
| Attorney Docket Number | 6160-1P59B         |  |

| I hereby appoint:  |                    |      |              |                 |  |  |
|--|--------------------|------|--------------|-----------------|--|--|
| ☑ Practitioners at Customer Number 26486   |                    |      |              | Number Bar Code |  |  |
| OR Label here  |                    |      |              |                 |  |  |
| ☐ Practitioner(s) named below:  Name  Registration Number  |                    |      |              |                 |  |  |
|  | Nam                | le . | Registration | on Number       |  |  |
|  |                    |      |              |                 |  |  |
|  |                    |      |              |                 |  |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.                                  |                    |      |              |                 |  |  |
| Please change the correspondence address for the above-identified application to:  |                    |      |              |                 |  |  |
| ☑ The above-mentioned Customer Number.  OR   |                    |      |              |                 |  |  |
| Firm <i>or</i>   | ame                |      |              |                 |  |  |
| Address  |                    |      |              |                 |  |  |
| Address  |                    |      |              |                 |  |  |
| City   |                    | 5    | State        | ZIP             |  |  |
| Country  |                    |      |              | - PA            |  |  |
| Telephone  |                    |      | Fax          | an C            |  |  |
| Telephone  I am the:  ☐ Applicant. ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).                                      |                    |      |              |                 |  |  |
| 🛛 Applicant.   |                    |      |              |                 |  |  |
| Assignee of record of the entire interest. See 37 CFR 3.71.  |                    |      |              |                 |  |  |
| Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  |                    |      |              |                 |  |  |
| SIGNATURE of Applicant or Assignee of Record   |                    |      |              |                 |  |  |
| Name L   | Lawrence F. McHugh |      |              |                 |  |  |
| Signature / / / / / / / / / / / / / / / / / / /  |                    |      |              |                 |  |  |
| Date 9/17/0/1  |                    |      |              |                 |  |  |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. |                    |      |              |                 |  |  |
| Total of   | forms are submitte |      | GCC DEIOW .  |                 |  |  |

Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any



| Form PTO-1595 (Rev. 03/01) PATENT   | U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office      |  |  |  |  |
|---|---|--|--|--|--|
| OMB No. 0651-0027 (exp. 5/31/2002)  Tab settings  | $\nabla$ $\nabla$ $\nabla$ $\nabla$                               |  |  |  |  |
| Tub dotained  | Please record the attached original documents or copy thereof.    |  |  |  |  |
| Name of conveying party(ies):   | Name and address of receiving party(ies)                          |  |  |  |  |
| Lawrence F. McHugh  | Name: H.C. Starck, Inc.   |  |  |  |  |
|   | Internal Address:   |  |  |  |  |
| Additional name(s) of conveying party(ies) attached? 🛄 Yes 🤙 No   |   |  |  |  |  |
| 3. Nature of conveyance:  |   |  |  |  |  |
| 🚇 Assignment 🖳 Merger   | Street Address: 45 Industrial Place                               |  |  |  |  |
| Security Agreement  | Street Address.   |  |  |  |  |
| □ Other   |   |  |  |  |  |
| Light Other   | City: Newton State: MA Zip: 02461                                 |  |  |  |  |
| Execution Date: September 17, 2001  | Additional name(s) & address(es) attached? 📮 Yes 🔉 No             |  |  |  |  |
| 4. Application number(s) or patent number(s):   |   |  |  |  |  |
| If this document is being filed together with a new appli   | cation, the execution date of the application is:                 |  |  |  |  |
| A. Patent Application No.(s)  | B. Patent No.(s)  |  |  |  |  |
| 09/852,207  |   |  |  |  |  |
| Additional numbers attached? 🛄 Yes 🛂 No   |   |  |  |  |  |
| <ol><li>Name and address of party to whom correspondence<br/>concerning document should be mailed:</li></ol>  | 6. Total number of applications and patents involved:             |  |  |  |  |
| Name:Cohen  | 7. Total fee (37 CFR 3.41)\$_40.00                                |  |  |  |  |
| Internal Address: <u>Perkins, Smith &amp; Cohen, LI</u>   | Enclosed  |  |  |  |  |
|   | Authorized to be charged to deposit account Deficiences Only      |  |  |  |  |
|   | 8. Deposit account number:  |  |  |  |  |
| Street Address: One Beacon Street 30th Floor  | 03-2410 Order No.: 6160-1P59B                                     |  |  |  |  |
| City: Boston State: MA Zip: 02108   | (Attach duplicate copy of this page if paying by deposit account) |  |  |  |  |
|   |   |  |  |  |  |
| DO NOT USE THIS SPACE   |   |  |  |  |  |
| 9. Statement and signature.  To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. |   |  |  |  |  |
| Kathryn E. No11 Name of Person Signing  | Signature Sept 24, 2001  Signature Date                           |  |  |  |  |
| Total number of pages including cov   | er sheet, attachments, and documents:                             |  |  |  |  |

#### ASSIGNMENT

WHEREAS, I, Lawrence F. McHugh, residing at 23 Wedgewood Road, Wellesley, MA 02481, (hereinafter referred to as "Assignor") have jointly made an invention entitled "PRODUCTION OF PURE MOLYBDENUM OXIDE FROM LOW GRADE MOLYBDENITE CONCENTRATES", for which an application for a United States Patent was filed on May 9, 2001 and accorded serial number 09/852,207.

WHEREAS, H.C. Starck, Inc., a corporation organized and existing under the laws of the State of Massachusetts, having its principal place of business at 45 Industrial Place, Newton, MA 02461 (hereinafter referred to as "Assignee"), is desirous of acquiring right, title and interest in said invention.

NOW, THEREFORE, in consideration of One Dollar (\$1.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, Assignors by these presents, do sell, assign and transfer to Assignee, 'Assignors' entire right, title and interest, for the United States of America and its possessions and territories and for all foreign countries, in and to said invention, including all rights of priority created and conferred by any treaty or international convention which is available in connection with said invention, including the right to apply for patent rights, U.S. or foreign, and in any continuations, divisions, substitutes, renewals, reissues or other applications filed in the U.S. or abroad (including multinational filing arrangements of all kinds), and in any U.S. or foreign patents issued on any such applications and reissues, extensions and renewals thereof, to be held and enjoyed by Assignee, for its own use and behalf and for its successors and assigns, to the full ends of the terms or extended terms for which any Letters Patents or the like may be granted, as fully and entirely as the same would have been held by Assignors had this sale, assignment and transfer not been made.

Assignors hereby authorize and request the Commissioner of Patents of the United States, and any official of any country or countries (including multinational filing arrangements of all kinds), whose duty it is to receive and/or examine applications for patents or similar industrial property, issue patents or other evidence or forms of industrial property protection on applications as aforesaid, to issue the same to Assignee, its successors and assigns, in accordance with the terms of this instrument.

Assignors covenant with Assignee, its successors, assigns, and legal representatives that Assignors have full right to convey the entire interest herein assigned, and that Assignors have not executed any agreement in conflict herewith and will not execute any agreement or conveyance in conflict herewith.

Assignors further covenant and agree to communicate to Assignee, its successors, legal representatives and assigns, any facts known to Assignors respecting said invention, and testify in any legal proceeding, sign all lawful papers, including, without limitation, application papers, assignments, powers of attorney, declarations, and other instruments, execute all divisional, continuing, substitute, reissue, renewal and foreign applications, make all truthful oaths, declarations and statements, and generally do everything reasonably requested of Assignors by Assignee, or its successors or assigns to aid Assignee, its successors or assigns, to obtain, enforce and /or exploit said invention.

| • •  |   |
|--|---|
| Executed this 17 th  | day of <u>lept</u> , 2001.  |
| . ~  | Lawrence F. McHugh  |
| State of Muss.  County of U.S.A.   | ,)<br>)<br>) ss.  |
|  | F. McHugh on this $17^{tL}$ day of Sept. , 2001, document, and who acknowledges that he signed it |
| NOL NO DE CONTROL NO ME CONTRO | Noel Nayle otary Public y commission expires 7/15/2007  |
| SEAL OUSERVS BLIC  | NOEL NAGLE Notery Public Common::astin of Massachussits My Commission Expires March 15, 2007      |

Assignment/sole